# united states district court district of New Jersey Londe la Bryant

| Londela Bryant   |                 |
|--|-----------------|
| 11/13 South St.  |                 |
| (In the space above enter the full name(s) of the plaintiff(s).) |                 |
| - against -  |                 |
| Newark post office   | COMPLAINT       |
| 2 Federal Square   | Jury Trial: Yes |
| Newark, N.J. 07102   | (check one)     |
|  |                 |

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

| Plaintiff | Name             | MS. Londela Bryant                   |
|-----------|------------------|--------------------------------------|
|           | Street Address   | 11/13 South Street                   |
|           | County, City     | ESSEX CO.                            |
|           | State & Zip Code | Newark, N.J. 07102<br>(609) 531-5300 |
|           | Telephone Number | (609) 531-5300                       |

| agency, an organization  |   |
|--|---|
| Defendant No. 1  | Name_Newark post office   |
|  | Street Address 2 Federal Square   |
|  | County, City ESSex CO.  |
|  | Name Newark post office  Street Address 2 Federal Square  County, City Essex Co.  State & Zip Code Newark, N. J. 07102  |
|  |   |
| Defendant No. 2  | Name USPS DOMINICK V Daniels  |
|  | Name USPS POMINICK V Daniels Street Address Processing & Distrubution Center County, City Essex CO:   |
|  | County, City <u>FSSex CO</u>  |
|  | County, City <u>FSSex CO</u> .  State & Zip Code <u>Kearney N. 5. 67099</u>   |
| Defendant No. 3  | Name  |
| Determine 1. (6)   | Street Address  |
|  | County, City  |
|  | State & Zip Code  |
|  | State to Zip Cout   |
| Defendant No. 4  | Name  |
|  | Street Address  |
|  | County, City  |
|  | State & Zip Code  |
|  |   |
| II. Basis for Jurisdiction:  |   |
|  |   |
| Federal Question - Under 28 U.S is a federal question case; 2) Div state sues a citizen of another sta | the distribution of the state of the states |
| A. What is the basis for fe  | deral court jurisdiction? (check all that apply)  |
| Federal Questions  | Diversity of Citizenship  |
| TA III.  |   |
| S. Government I  | Plaintiff U.S. Government Defendant   |
| B. If the basis for jurisdict  | ion is Federal Question, what federal Constitutional, statutory or treaty right is at   |
| issue? Reasc   | le advised that my certified  |
| maily  | vere tanapred and pride inter  Small envelopes invide manila and tute small white envelopes with a \$450.00 moneyorder and \$70.00 cash, the money order was still  |
| Quehite  | Small envelopes inside manilla  |
| envelope   | and tute-small white envelopes  |
| inside on  | ewith a \$450.00 moneyorderand  |
| one with   | \$ 70.00 cash, the money order was still  |

| C.                    | If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?  |
|-----------------------|---|
|                       | Plaintiff(s) state(s) of citizenship  |
|                       | Defendant(s) state(s) of citizenship  |
| III.                  | Statement of Claim:   |
| complainclude cite an | is briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of the aint is involved in this action, along with the dates and locations of all relevant events. You may wish to e further details such as the names of other persons involved in the events giving rise to your claims. Do not y cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a te paragraph. Attach additional sheets of paper as necessary. |
| Α.                    | Where did the events giving rise to your claim(s) occur?  |
| В.                    | What date and approximate time did the events giving rise to your claim(s) occur?   |
|                       |   |
| C.                    | Facts:  |
|                       |   |
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| IV. | Injuries:   |
|-----|---|
|     | sustained injuries related to the events alleged above, describe them and state what medical treatment, if any quired and received.   |
|     |   |
|     |   |
|     |   |
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|     |   |
| V.  | Relief:   |
|     | what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, an sis for such compensation. |
|     |   |
|     |   |
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|     |   |
|     |   |
|     |   |

| i declare unc | der penalty of perjury that the foregoing is true and correct.                     |  |
|---------------|--|--|
| Signed this   | day of   |  |
|               |  |  |
|               |  |  |
|               | Signature of Plaintiff   |  |
|               | Mailing Address  |  |
|               |  |  |
|               | Telephone Number   |  |
|               | Fax Number (if you have one)   |  |
|               | E-mail Address   |  |
|               |  |  |
| Note: All     | plaintiffs named in the caption of the complaint must date and sign the complaint. |  |
|               |  |  |
|               |  |  |
|               |  |  |
|               |  |  |
|               |  |  |
|               |  |  |
|               |  |  |
|               | Signature of Plaintiff:  |  |

## United States District Court

for the

| Londela Bryant Plaintiff Petitioner      | )           |                  |
|--|-------------|------------------|
| Newark post office  Defendant Respondent | )<br>)<br>) | Civil Action No. |

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

### Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Londela Buent

#### Instructions

Complete all cuestions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: March 24, 2019

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source                                     | Average monthly income amount during the past 12 months |        | Income amount expected next month |        |
|---|---|--------|-----------------------------------|--------|
|   | You   | Spouse | You                               | Spouse |
| Employment  | \$ <b>N</b> /A  | \$     | \$                                | \$     |
| Self-employment                                   | s NIA   | \$     | \$                                | \$     |
| Income from real property (such as rental income) | s NIA   | \$     | \$                                | \$     |
| Interest and dividends                            | s NIA   | \$     | \$                                | \$     |
| Gifts   | s N/A   | \$     | \$                                | \$     |
| Alimony   | s NIA   | \$     | \$                                | \$     |
| Child support                                     | SNIA  | \$     | \$                                | \$     |